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Bib Data Sheet

CONFIRMATION NO. 9179

SERIAL NUMBER 10/666,497	FILING DATE 09/19/2003 RULE	CLASS 015	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. 00216-616001 / OB- 211
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APPLICANTS

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** CONTINUING DATA *****
none, Lee

** FOREIGN APPLICATIONS *****
none, Lee

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/10/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance <i>Laurel Cole Lee</i> Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 7
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 26161
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TITLE
 Toothbrushes

FILING FEE RECEIVED 1964	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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